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For An Authorized Committee

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1. NAME OF COMMITTEE (i		TYPE OR PRINT ▼	Example: If typing, typover the lines.	pe XXXXXXXXXX	orange orang	
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2. FEC IDENTII		UMBER ▼	CITY	STATE A	ZIP CODE A STATE ▼ DISTRICT	
C 0 0 2	5 7 9 1		IS THIS XX NEW REPORT (N) O	AMENDED		
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5. Covering Perform I certify that I have a Type or Print Na	ave examined	this Report and to the	0 1 1 through best of my knowledge and beat KOVACH	lief it is true, correct and	2 0 1 1 g	
Signature of Tre	easurer _	Robert K	Kronh	Date 0 4	06 2011	
NOTE: Submissi	on of false, er	roneous, or incomplete in	nformation may subject the person	on signing this Report to th	e penalties of 2 U.S.C. §437g.	